

FILE NOW: FILING FEE IS \$61.25

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Jul 14 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003976 (8)

1. Corporation Name

UNITED FOUNDATION FOR AIDS, INC.



Principal Place of Business	Mailing Address
800 ALTON RD ROOM 1004 MIAMI BEACH FL 33139 US	600 ALTON RD ROOM 1004 MIAMI BEACH FL 33139 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	08/30/1993
4. FEI Number	65-0437363
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
KAPLAN, MARLENE 240 CRANDON BLVD SUITE 114 KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent
81 Name William ZUBKOFF
82 Street Address (P.O. Box Number is Not Acceptable)
600 Alton Rd Suite 401
83
84 City Miami Beach
85 Zip Code FL 33139

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE 5/27/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	EVANS, AL	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	V/D
STREET ADDRESS	4925 COLLINS AVE APT 7A	1.3 STREET ADDRESS	SPRING, DANIEL
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	1201 WEST AVE #4
TITLE	NAME	2.1 TITLE	2.2 NAME
VP	COHEN, MARC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P/D
STREET ADDRESS	3811 COLLINS AVE #203	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
D	ABBOTT, NANCY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	V/D
STREET ADDRESS	8855 COLLINS AVE	3.3 STREET ADDRESS	ALLER, MICHAEL
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	1700 CONVENTION CENTER DRIVE
TITLE	NAME	4.1 TITLE	4.2 NAME
S	BROWN, RICHARD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	500002589065
STREET ADDRESS	1700 CONVENTION CENTER DRIVE	4.3 STREET ADDRESS	-07/15/98--01002--016
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	***70.00
TITLE	NAME	5.1 TITLE	5.2 NAME
T	KAKLEY, JEFF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D
STREET ADDRESS	9 ISLAND AVE #2011	5.3 STREET ADDRESS	GALBUT, JOYCE
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	600 ALTON ROAD
TITLE	NAME	6.1 TITLE	6.2 NAME
D	ZUBKOFF, BARBARA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	T/D
STREET ADDRESS	600 ALTON ROAD SUITE 401	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* DATE 5/27/98 531-1711

CR2E037 (10/97)